



REGISTRATION FORM

Please return this form to:

Mrs Claire Taylor
Jigsaw
Curzon House Day Nursery
Wrexham Road,
Eccleston,
Chester CH4 9DQ

PLEASE USE BLOCK CAPITALS

1. Full Name of Child.....
- Date of birth..... Sex.....
- Address.....
-
- Post code.....
- Telephone number.....
- Child's first language..... Religion

2. Please tick times of attendance which you require:

Day	Full Day	Half Day am	Half Day pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

A date must be entered below, if you wish to change your start date or your requested days, 4 weeks notice in writing is required. If notice is not given you will be charged from the date given below.

Requested starting date.....

3. Mother's Full Name.....Mrs/Miss/Ms
Works Telephone.....Mobile Telephone.....
Employer's Name and address.....
.....

Email.....

4. Father's Full Name.....
Works Telephone.....Mobile Telephone.....
Employer's Name and Address.....
.....

Email.....

5. Name and Address of child's doctor.....
.....Telephone No.....

6. Does your child have any allergies, medical conditions or need for
special care?.....
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7. What immunisation has your child had to date?

8. Please indicate whether your child has any food or drink allergies or
special dietary requirements

9. Is there anything else we should know about your child?

